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NOTICE OF ALLOWANCE AND FEE(S) DUE

26158 7590 97/06/2010 WOMBLE CARLYLE SANDRIDGE & RICE, PLLC ATIN: PATENT DOCKETING P.O. BOX 7037 EXAMINER
PORTER, RACHEL L

ART UNIT PAPER NUMBER
3626

DATE MAILED: 07/06/2010

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/808,810	03/25/2004	Lewis Howard Wizig	R135 1010.2	7588	

TITLE OF INVENTION: METHOD AND SYSTEM FOR PROVIDING A USER-SELECTED HEALTHCARE SERVICES PACKAGE AND HEALTHCARE SERVICES PANEL CUSTOMIZED BASED ON A USER'S SELECTIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	10/06/2010

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

HOW TO REPLY TO THIS NOTICE:

ATLANTA GA 30357-0037

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

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B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

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II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

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10/808,810	03/25/2004	•	Lewis Howard Wi	zig			R135 1010.2		7588
TITLE OF INVENTIO HEALTHCARE SERVIO				LEC	IED HEALTHC	ARE :	SERVICES PACKA	GE A	AND
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	OUE	PREV. PAID ISSUI	S FEE	TOTAL FEE(S) DUE		DATE DUE
nonprovisional	NO	\$1510	\$0		\$0		\$1510		10/06/2010
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3. ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIG	ess an assignce is ident h in 37 CFR 3.11. Comp GNEE	ified below, no assignee pletion of this form is NO	data will appear on t T a substitute for filin (B) RESIDENCE: (6	the page and CITY	atent. If an assign assignment. and STATE OR C	OUNT	'RY)		
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PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.



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10/808,810	03/25/2004	Lewis Howard Wizig	R135 1010.2 7588				
26158 75	90 07/06/2010	EXAMINER					
WOMBLE CARLYLE SANDRIDGE & RICE, PLLC			PORTER, RACHEL L				
ATTN: PATENT I	OOCKETING	ART UNIT	PAPER NUMBER				
P.O. BOX 7037 ATLANTA, GA 30357-0037			3626 DATE MAILED: 07/06/2010				

Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 774 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 774 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.

Application No. Applicant(s) 10/808 810 WIZIG, LEWIS HOWARD Notice of Allowability Examiner Art Unit RACHELL PORTER 3626 -- The MAILING DATE of this communication appears on the cover sheet with the correspondence address--All claims being allowable, PROSECUTION ON THE MERITS IS (OR REMAINS) CLOSED in this application. If not included herewith (or previously mailed), a Notice of Allowance (PTOL-85) or other appropriate communication will be mailed in due course. THIS NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RIGHTS. This application is subject to withdrawal from issue at the initiative of the Office or upon petition by the applicant. See 37 CFR 1.313 and MPEP 1308. This communication is responsive to 4/14/2010. The allowed claim(s) is/are 53,71-73,77,95-97,101 and 119-121. 3. Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f). b) \(\subseteq \text{Some* c} \subseteq \subseteq \text{None of the:} \) a) \square All 1. T Certified copies of the priority documents have been received. 2. Certified copies of the priority documents have been received in Application No. 3. ☐ Copies of the certified copies of the priority documents have been received in this national stage application from the International Bureau (PCT Rule 17.2(a)). * Certified copies not received: _____. Applicant has THREE MONTHS FROM THE "MAILING DATE" of this communication to file a reply complying with the requirements noted below. Failure to timely comply will result in ABANDONMENT of this application. THIS THREE-MONTH PERIOD IS NOT EXTENDABLE. A SUBSTITUTE OATH OR DECLARATION must be submitted. Note the attached EXAMINER'S AMENDMENT or NOTICE OF INFORMAL PATENT APPLICATION (PTO-152) which gives reason(s) why the oath or declaration is deficient. CORRECTED DRAWINGS (as "replacement sheets") must be submitted. (a) Including changes required by the Notice of Draftsperson's Patent Drawing Review (PTO-948) attached 1) hereto or 2) to Paper No./Mail Date (b) including changes required by the attached Examiner's Amendment / Comment or in the Office action of Paper No./Mail Date Identifying indicia such as the application number (see 37 CFR 1.84(c)) should be written on the drawings in the front (not the back) of each sheet. Replacement sheet(s) should be labeled as such in the header according to 37 CFR 1.121(d). 6. DEPOSIT OF and/or INFORMATION about the deposit of BIOLOGICAL MATERIAL must be submitted. Note the attached Examiner's comment regarding REQUIREMENT FOR THE DEPOSIT OF BIOLOGICAL MATERIAL. Attachment(s) 1. Notice of References Cited (PTO-892) 5. Notice of Informal Patent Application 2. Notice of Draftperson's Patent Drawing Review (PTO-948) Interview Summary (PTO-413), Paper No./Mail Date 3. Information Disclosure Statements (PTO/SB/08), 7. X Examiner's Amendment/Comment Paper No./Mail Date 4. T Examiner's Comment Regarding Requirement for Deposit 8. X Examiner's Statement of Reasons for Allowance of Biological Material Other .

/Robert Morgan/ Primary Examiner, Art Unit 3626 Application/Control Number: 10/808,810

Art Unit: 3626

DETAILED ACTION

Information Disclosure Statement

 The IDS's filed on 3/25/04 and 2/23/05 have been entered and considered by the Examiner

EXAMINER'S AMENDMENT

2. An examiner's amendment to the record appears below. Should the changes and/or additions be unacceptable to applicant, an amendment may be filed as provided by 37 CFR 1.312. To ensure consideration of such an amendment, it MUST be submitted no later than the payment of the issue fee.

Authorization for this examiner's amendment was given in a telephone interview with Dan Sheridan, Reg. No. 53, 585 on May 6, 2010 and May 10, 2010.

The application has been amended as follows:

[claim 53] (Currently Amended) A computer-system implemented method for providing a user with a customized healthcare services insurance package, comprising:

 receiving a personal information data regarding a user, wherein the personal information data comprises a user identifier and an uncredited umbrella policy cost;

Art Unit: 3626

forwarding information regarding a plurality of healthcare service providers
wherein each healthcare service provider is associated with an individual cost
and an umbrella policy credit:

- receiving a selection of a healthcare services panel comprising a user-defined co-pay amount selected from a provider co-pay range and at least one of the healthcare service providers;
- aggregating the costs of healthcare service providers on the healthcare services panel;
- aggregating the umbrella policy credits of each healthcare service provider on the healthcare services panel;
- using said computer system to calculate a difference between the uncredited umbrella policy cost and the aggregated amount of umbrella policy credits, wherein the difference represents a credited umbrella policy cost; and
- determining the healthcare services insurance package based on a sum of the aggregated costs and the credited umbrella policy cost; and
- forwarding a description of the determined healthcare services insurance package, said description including a proposed periodic payment for purchasing said determined healthcare services insurance package.

[claim 71] (Currently Amended) The method of claim 53, wherein each healthcare service provider is associated with an individual cost and an umbrella policy credit and the personal information data further comprises an uncredited umbrella policy cost and

Art Unit: 3626

an identification of a plurality of individuals to be associated with the healthcare services insurance package

and wherein determining the healthcare services package further comprises:

 aggregating the individual costs of each healthcare service provider on the healthcare services panel of each of the plurality of individuals;

- aggregating the umbrella policy credits of each healthcare service provider on the healthcare services panel of each of the plurality of individuals;
- calculating a difference between the uncredited umbrella policy cost and the aggregated amount of umbrella policy credits, wherein the difference represents a credited umbrella policy cost; and
- determining the healthcare services insurance package based on a sum of the aggregated costs and the credited umbrella policy cost.

[claim 77] (Currently Amended) A computerized system for providing a user with a customized healthcare services insurance package, comprising:

- a memory device; and
- a processor disposed in communication with said memory device, said processor configured for:
 - receiving a personal information data regarding a user, wherein the personal information data comprises a user identifier and an uncredited umbrella policy cost;

Art Unit: 3626

forwarding information regarding a plurality of healthcare service providers,
 wherein each healthcare service provider is associated with an individual cost and an umbrella policy credit;

- receiving a selection of a healthcare services panel comprising a user-defined co-pay amount selected from a provider co-pay range and at least one of the healthcare service providers;
- aggregating the costs of healthcare service providers on the healthcare services panel;
- aggregating the umbrella policy credits of each healthcare service provider on the healthcare services panel;
- calculating a difference between the uncredited umbrella policy cost and the aggregated amount of umbrella policy credits, wherein the difference represents a credited umbrella policy cost; and
- determining the healthcare services insurance package based on a sum of the aggregated costs and the credited umbrella policy cost; and
- forwarding a description of the determined healthcare services insurance package, said description including a proposed periodic payment for purchasing said determined healthcare services insurance package.

[claim 95] (Currently Amended) The system of claim 77, wherein each healthcare service provider is associated with an individual cost and an umbrella policy credit and the personal information data further comprises an uncredited umbrella policy cost and

Art Unit: 3626

an identification of a plurality of individuals to be associated with the healthcare services insurance package, and wherein determining the healthcare services package further comprises:

- aggregating the individual costs of each healthcare service provider on the healthcare services panel of each of the plurality of individuals;
- aggregating the umbrella policy credits of each healthcare service provider on the healthcare services panel of each of the plurality of individuals;
- calculating a difference between the uncredited umbrella policy cost and the aggregated amount of umbrella policy credits, wherein the difference represents a credited umbrella policy cost; and
- determining the healthcare services insurance package based on a sum of the aggregated costs and the credited umbrella policy cost.

[claim 101] (Currently Amended) A processor -readable medium storing processor readable instructions for providing a user with a customized healthcare services insurance package, comprising:

- processor readable instructions are issuable by a processor for:
 - receiving a personal information data regarding a user, wherein the personal information data comprises a user identifier and an uncredited umbrella policy cost;

Art Unit: 3626

forwarding information regarding a plurality of healthcare service providers,
 wherein each healthcare service provider is associated with an individual cost
 and an umbrella policy credit;

- receiving a selection of a healthcare services panel comprising a user-defined co-pay amount selected from a provider co-pay range and at least one of the healthcare service providers;
- aggregating the costs of healthcare service providers on the healthcare services panel;
- aggregating the umbrella policy credits of each healthcare service provider on the healthcare services panel;
- calculating a difference between the uncredited umbrella policy cost and the aggregated amount of umbrella policy credits, wherein the difference represents a credited umbrella policy cost; and
- determining the healthcare services insurance package based on a sum of the aggregated costs and the credited umbrella policy cost; and
- forwarding a description of the determined healthcare services insurance package, said description including a proposed periodic payment for purchasing said determined healthcare services insurance package.

[claim 119] (Currently Amended) The medium of claim 101 wherein each healthcare service provider is associated with an individual cost and an umbrella policy credit and the personal information data further comprises an uncredited umbrella policy cost and

Page 8

Application/Control Number: 10/808,810

Art Unit: 3626

an identification of a plurality of individuals to be associated with the healthcare services insurance package, and further comprising:

- aggregating the individual costs of each healthcare service provider on the healthcare services panel of each of the plurality of individuals;
- aggregating the umbrella policy credits of each healthcare service provider on the healthcare services panel of each of the plurality of individuals;
- calculating a difference between the uncredited umbrella policy cost and the aggregated amount of umbrella policy credits, wherein the difference represents a credited umbrella policy cost; and
- determining the healthcare services insurance package based on a sum of the aggregated costs and the credited umbrella policy cost.

Allowable Subject Matter

 Claims 53,71-73,77,95-97,101 and 119-121 are allowed. The following is an examiner's statement of reasons for allowance:

Regarding claims 53, 77, and 101 are directed toward determining a healthcare services insurance package. A user selects a financial parameter, one or more health care services, and one or more healthcare service providers. Each healthcare provider is associated with an individual cost and an umbrella policy credit, and the user is associated with uncredited umbrella policy cost. To determine the cost of the healthcare services package, a computer system calculates the difference between the uncredited umbrella policy cost and the aggregated umbrella credits associated with the

Application/Control Number: 10/808,810

Art Unit: 3626

user's selected healthcare service provider(s). This difference is the credited umbrella policy cost. The cost of the healthcare service package is then calculated based on the sum of the individual costs for each healthcare service provider and the credited umbrella policy cost.

The closest prior art of record, Tawil (USPN 5,519,607), Campbell and Joao teach selecting healthcare services and healthcare service providers that are associated with certain insurance policy costs and individual costs, but does not disclose or fairly suggest the use of umbrella policies or an uncredited umbrella policy cost. More specifically, the prior art of record does not disclose that determining a healthcare service package includes the combination of: 1) using a computer system to aggregate the umbrella policy credits for each user selected healthcare provider; 2) using a computer system to calculate a credited umbrella policy cost (the difference between the uncredited umbrella policy cost and the aggregated umbrella credits); and 3) summing the credited umbrella policy cost and the aggregated individual cost to determine the healthcare services package.

Claims 71-73, 95-97, and 119-121 incorporate the features of their respective independent claims through dependency, and are also allowed for the same reasons.

Any comments considered necessary by applicant must be submitted no later than the payment of the issue fee and, to avoid processing delays, should preferably accompany the issue fee. Such submissions should be clearly labeled "Comments on Statement of Reasons for Allowance."

Page 10

Application/Control Number: 10/808,810

Art Unit: 3626

Conclusion

- 4. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure:
 - O'Hara, Colleen; ("Comparison shop for health plans online," Federal Computer Week; Mar 22, 1999; vol. 13, no. 7; pg. 27) discloses a method of allowing employees to comparison shop for healthcare plans.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to RACHEL L. PORTER whose telephone number is (571)272-6775. The examiner can normally be reached on M-F, 10-6:30.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Jerry O'Connor can be reached on (571) 272-6787. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Art Unit: 3626

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/R. L. P./ Examiner, Art Unit 3626

> /Robert Morgan/ Primary Examiner, Art Unit 3626